

FILED SEP 11 1941

Registration District No. 201

Primary Registration District No. 5280 3012

1. PLACE OF DEATH:

(a) County Clay
(b) City or town Liberty
(c) Name of hospital or institution 409 Morse Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether)
In this community six months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay
(c) City or town Liberty
(If outside city or town limits, write "RURAL")
(d) Street No. 409 Morse Ave
(If rural, give location)
(e) Citizen of foreign country? ✓ (Yes or No)
If yes, name country D

3. (a) PRINT FULL NAME

Fannie E. Harbaugh

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife R. E. Harbaugh

6. (c) Age of husband or wife 70 years

7. Birth date of deceased May 29 (Month) (Day) (Year)

1877 (Year)

8. AGE: Years 64 Months 2 Days 15 If less than one day hr. min.

9. Birthplace Bellevue City, Harrison Co. Mo. (City, town or county) (State or foreign country)

10. Usual occupation Home wife

11. Industry or business

12. Name Joseph De Bolia

13. Birthplace New York (City, town or county) (State or foreign country)

14. Maiden name Sarah Harbaugh

15. Birthplace Ind. (City, town, or county) (State or foreign country)

16. (a) Informant R. E. Harbaugh

(b) Address 409 Morse - Liberty, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 16 41 (Month) (Day) (Year)

(c) Place: burial or cremation Liberty, Mo.

18. (a) Signature of funeral director Chas. Archer Co.

(b) Address Liberty, Mo.

19. (a) Aug 16 - 41 (Date reported local registrar) (b) Robert Early (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 14 year 1941 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from Aug 7 1941 to Aug 14 1941
that I last saw him alive on Aug 14 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes Mellitus Duration 18 yrs.

Due to 101

Due to 101

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (b) Means of injury

23. Signature Robert Early (M. D. or other) M.D.
Address Liberty, Mo. Date signed Aug 16, 41

RECEIVED
District Health Officer No. 8,
District File Number
9-9-41
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____
~~working under my personal supervision.~~

Signed _____

Edgar Archer

Licensed Embalmer No. _____

3311

P. O. Address _____

Liberty, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.